

OMBUDSMAN PROGRAM

RELEASE OF INFORMATION & DISCLOSURE FORM AS PER UTAH CODE SECTION 62A-3-207

COMPLETE ALL SECTIONS, SIGN, and DATE

I, _____ *(name of resident)*,
Hereby authorize the Ombudsman to act on my behalf and obtain any records
needed for investigation purposes.

- ☐ Resident has given verbal permission to act on their behalf but is unable to complete form.
- ☐ Resident is unable to give permission due to a medical condition that inhibits their ability to communicate their thoughts and feelings. The Ombudsman has determined that it is necessary to act on the resident's behalf.

Records to be provided to:

NAME OF OMBUDSMAN
ADDRESS
CITY/STATE/ZIP

SIGNATURE OF RESIDENT (if applicable)	DATE
(OR) SIGNATURE OF PERSONAL REPRESENTATIVE (if applicable) <i>(state relationship to resident – POA, guardian, etc.)</i>	DATE

08/01/07